



**University of Alabama Hospital  
619 19th Street S.  
Birmingham, Alabama 35233-6510**

**[EXHIBIT (F)]**

August 16, 2005

**STATEMENT  
065325515**

ROBERT MCCRAY  
PO BOX 56  
ELMORE AL 36025  
SOA

PATIENT: ROBERT MCCRAY  
PATIENT #: 0638767595055  
CHARGES: \$137.82  
BALANCE: \$137.82  
ADM. DATE: 02/24/05

DEAR ROBERT MCCRAY

This account is past due! Immediate attention is required!

Unless payment or payment arrangements are made in the next ten days this account will be referred to an attorney or collection agency.

Send your check, money order or credit card payment today!

Note: To ensure proper crediting of your account, please include your patient number on all payments.

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PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

UNIVERSITY OF ALABAMA HOSPITAL  
PATIENT ACCOUNT REPRESENTATIVE  
205 933-9738 or 800 648-4954  
8:00 AM - 4:30 PM  
SOA 78

PATIENT: ROBERT MCCRAY  
PATIENT #: 0638767595055  
BALANCE: \$137.82  
ADM. DATE: 02/24/05

\*\* CREDIT AUTHORIZATION \*\*

78

MC (  ) VISA (  ) DISC (  ) AMX (  )  
EXP DATE (  ) PMT AMT (  )  
CARD # (  )  
SIGN (  )

UNIVERSITY OF ALABAMA HOSPITAL  
P. O. BOX 2252  
BIRMINGHAM AL 35246-0036

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